Name in Full: Agustas Adolphia

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Alla — County: Baltimore

Date of death: Month: June — Day: 4 — 1904

Age: Years: 53 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Road worker — Where Residing if not at place of death: Alla

Married, Single or Widowed: Married — Name of Wife or Husband: Willie Adolphia

Father's Name: dont know — Father's Birthplace: Germany

Mother's Maiden Name: " — Mother's Birthplace: "

Name of person giving Information: 40 — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Liver — How long: about 1 year

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: [illegible]

[redacted]

LIBRARY BUREAU A66516

Name in Full: Mary Isabella Allen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North Branch; County: Balto

Date of death 1904: Month: 6; Day: 29; Age: Years: 72; Months: ; Days:

Sex: female; Color or Race: white; Birthplace: Carroll Co Md

Occupation: retired; Where Residing if not at place of death: at place of death

Married, Single or Widowed: wid; Name or Wife or Husband: —

Father's Name: Geo. M. Allen; Father's Birthplace: Balto Co

Mother's Maiden Name: Adozilla Harden; Mother's Birthplace: Carroll Co

Name of person giving Information: D. L. Allen; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Disease of Heart. How long: 2 Mos.

Immediate: Dropsy & Dyspnea How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Bollinger M.D.

Address: Hunnewell

Accident or Suicide?

8

LIBRARY BUREAU A8U516

Name in Full: Maggie E. Bodley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Caves Farm; County: Balto

Date of death 1904: Month: June; Day: 11

Age: Years: 18; Months: —; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Balto co Md

Occupation: House Girl; Where Residing if not at place of death: Caves Farm

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Charles E Bodley; Father's Birthplace: Harford co

Mother's Maiden Name: Annie Foote; Mother's Birthplace: Balto co Md

Name of person giving information: Annie Foote; How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: About 4 weeks.

Immediate: Tuberculosis; How long: Several Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. H. Hemsley

Address: Owings Mills Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Levin Evans Ballard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington; County: Baltimore

Date of death 190 4: Month: June; Day: 4

Age: Years: 80; Months: 9; Days: 27

Sex: male

Color or Race: white

Birthplace: St Peters Somerset Co

Married, Single or Widowed: widower

Occupation: Retired merchant [illegible] Md

Name of Wife or Husband: Frances J. Jordan.

Father's Name: Levin Ballard

Father's Birthplace: (3) Md

Mother's Maiden Name: Sarah Miles

Mother's Birthplace: (3) Md

Name of person giving Information: Mrs K. C. Constable

How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Arteria-sclerosis. Chronic Int. Nephritis.

How long: about one year

Immediate: Asthenia

How long: one week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: William J. Todd M.D.

Address: Mt Washington Md

Accident or Suicide?

LIBRARY BUREAU A86316

Upper Fairmont

Somerset Co Md.

Stewart & Mowen.
215 Park Ave.
Balto Md.

Name in Full: Theodore S. Bantz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catonsville; County: Balto

Date of death 1904: Month: June; Day: 8; Years: Age 85; Months; Days

Sex: male; Color or Race: White; Birthplace: Fredericks Md

Occupation: Wholesale Shoes; Where Residing if not at place of death: –

Married, ~~Single~~ or ~~Widowed~~: Name of ~~Wife~~ or ~~Husband~~: Sallie C. Bantz

Father's Name: Gideon Bantz; Father's Birthplace:

Mother's Maiden Name: Mary Sowers; Mother's Birthplace:

Name of person giving information: Mrs. Sallie C. Bantz; How related to deceased: wife

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia; How long: abnt 5 years

Immediate: Exhaustion from Dementia; How long: two weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Rushmore White M.D.

Address: Catonsville Md.

~~Accident~~ or Suicide?

LIBRARY BUREAU A88316

Name in Full: Mrs. Harriett Benton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore — County:

Date of death: Month: June — Day: 2 — Year: 1904 — Age: 82 — Months: — Days:

Sex: female — Color or Race: White — Birthplace: Md.

Occupation: H. W. — Where Residing if not at place of death:

Married, Single or Widowed: widow — Name of Wife or Husband: Levin Benton

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: Geo M. Stonebraker — How related to deceased: Son in law

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: athma due to — How long:

Immediate: Gall stones — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: James M. Craigill

Address: Baltimore Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Caroline Virginia Bryan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Orangeville — County: Baltimore

Date of death: Month: June — Day: 4 — Years: 1 — Months: 6 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Maryland.

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James W. Bryan — Father's Birthplace: Maryland

Mother's Maiden Name: Caroline Virginia Chester — Mother's Birthplace: Maryland

Name of person giving Information: Caroline Virginia Bryan — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mal-nutrition — How long: 6 mos.

Immediate: Oedema of lungs — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. R. Hodges M. D.

Address: Sparrows Point, Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Baltimore Cemetery

H. Sander Sons

Name in Full: Charles Henry Call

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Washington — County: Baltimore

Date of death 190 4 — Month: June — Day: 7 — Age — Years: 25 — Months: 7 — Days: 20

Sex: Male — Color or Race: White — Birthplace: Emmittsburg Md

Married, Single or Widowed: Married — Occupation: Coachman

Name of Wife or Husband: Maud Eugenia Stephens Call

Father's Name: Joseph Wm Call — Father's Birthplace: Fairmont Md

Mother's Maiden Name: Mary Short — Mother's Birthplace: Emmittsburg Md

Name of person giving information: Maud Eugenia Call — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic heart disease — How long: About 10 mos

Immediate: Asphyxia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: William J Todd M.D.

Address: Mt Washington Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Charles Willard Eugene Carmichael

CERTIFICATE OF DEATH

MARYLAND

Town: Arlington — County:

TO BE ANSWERED BY NEAREST FRIEND

Died at

Date of death	Month	Day	Years	Months	Days
1904	June	25	Age 3	4	5

Sex: Male — Color or Race: White. — Birthplace: Baltimore, Md.

Occupation: None — Where Residing if not at place of death: Arlington.

Married, Single or Widowed: Single — Name or Wife or Husband:

Father's Name: Charles B. T. Carmichael. — Father's Birthplace: Baltimore.

Mother's Maiden Name: Margaret Sorenson. — Mother's Birthplace: Denmark.

Name of person giving information: C. B. Carmichael — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Meningitis — How long: 25 days.

Immediate: Exhaustion — How long: 6 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. W. Norris M.D.

Address: 620 N. Gilmor St

Accident or Suicide? No.

LIBRARY BUREAU Ass518

Name in Full

Certificate of Death

Dorsey Carver

Died at Town Cockeysville County Balto MARYLAND

Date 1904 Month June Day 13 | Age Y. 19 M. D. | Native of Md | Occupation infant

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Conard Carver Mother's Maiden Name May R. Price

Cause of Death: Primary Inanition - Eczema — How long sick 2 months

Immediate Meningitis — ~~Accident, Suicide, Homicide~~

Reported by Dr. Thos. Bond

Address Cockeysville Balto. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79608

To be buried by me
at Grace Church

Please send permit to
A. V. Lucas

Name in Full: Eliza Clowry -

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Hope Retreat — County: Baltimore Co

Date of death 1904 — Month: June — Day: 19 — Age: Years: 69 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: New York -

Occupation: Religious - — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Recds Mt Hope Retreat — How related to deceased: Not at all -

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis L. Hemiplegia — How long: 9 days

Immediate: Ex - — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: William Cockey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestnut Ridge; County: Balto.

Date of death 1904: Month: June; Day: 7; Age: Years: 22; Months: —; Days: 7

Sex: Male; Color or Race: white; Birthplace: Chestnut Ridge

Married, Single or ~~Widowed~~: Single; Occupation: Labor

Name of Wife or Husband: —

Father's Name: Thomas B. Cockey; Father's Birthplace: Balto Co

Mother's Maiden Name: Hearete Chalk; Mother's Birthplace: Harford Co.

Name of person giving In formation: Mrs Steinhagen; How related to deceased: Mother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tetanus — How long: Case was developed when I saw him on 4th the

Immediate — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. C. Bussey M.D.

Address: Texas Md.

Accident or Suicide?

LIBRARY BUREAU A83318

John Burns Sons

Mayes Cerin.

Baltico

Name in Full: Thomas Connolly

CERTIFICATE OF DEATH

Died at Town: St. Agnes Hospital County: Balto. MARYLAND

Date of death 1904. Month: June Day: 22 Age: Years 60 Months Days

Sex: Male Color or Race: White Birth place: Ireland

Occupation: Street cleaning Where Residing if not at place of death: 918 Asquith St.

Married, Single or Widowed: Married Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Bright's Disease How long

Immediate: Chronic Nephritis How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. Mara

Address: St. Agnes Hospl

Accident or Suicide?

PHYSICIAN OR CORONER

D

LIBRARY BUREAU A69516

Name in Full: Ethel Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto.

Date of death 1904: Month: 6; Day: 20

Age: Years: 1; Months: 2; Days:

Sex: Female; Color or Race: Colored; Birthplace: Balto. Co

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Saml Cooper; Father's Birthplace: Howard Co.

Mother's Maiden Name: Hattie Hudson; Mother's Birthplace: Anarundel Co

Name of person giving In formation: Saml. Cooper; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus; How long: 3 Month

Immediate: Asthenia; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. McStuckly M.D.

Address: Catonsville Md.

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full — Certificate of Death

Harry Creagh

Died at Town: Granty County: Balt MARYLAND

Date 1904 Month: June Day: 30 | Age Y. 60 M. about D. | Native of And | Occupation Stone Cutter

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced ~~Number of children living~~

Husband of / Wife

Father's Name: Not Known | Mother's Maiden Name: Not Known

Cause of Death — Primary: Acute Alcoholism | How long sick: Few hours

Immediate: Cardiac Paralysis | Accident, Suicide, Homicide

Reported by: R. J. Tholly And

Address: Granty And,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: John Cummings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville — County: Balto

Date of death: 1904 — Month: June — Day: 9 — Age: Years: 34 — Months: 4 — Days: Months

Sex: Male — Color or Race: Colrd — Birthplace: —

Occupation: Waiter — Where Residing if not at place of death: 407 McCulloh St

Married, ~~Single~~ or Widowed: Married — Name of Wife or Husband: Cornelia Cummings

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Cummings — Father's Birthplace: Easton

Mother's Maiden Name: Elisbeth Cummings — Mother's Birthplace: "

Name of person giving Imformation: Cornelia Cummings — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Death from Natural Causes — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Coroner: W. E. Nagle

Address: per C. L. Manfeldt M. D. Catonsville Md

Heart Disease

Accident or Suicide?

LIBRARY BUREAU A88316

Cornelia
407 McCulloch

Name in Full: James S. Cundiff

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Balto. County: Balto.

Date of death 1904 Month: 6 Day: 29 Age: Years 25 Months: 9 Days: 24

Sex: Male Color or Race: White Birthplace: Lancaster Co. Va

Occupation: Mechanical Draughtsman Where Residing if not at place of death: 245 E. Lombard st. ext'd. Balto. Co.

Married, Single or Widowed: Single Name or Wife or Husband: None

Father's Name: James S. Cundiff Father's Birthplace: Lancaster Co. Va

Mother's Maiden Name: Josephine Hathaway Mother's Birthplace: Lancaster Co. Va

Name of person giving Information: Eva Cundiff How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmon. tuberculosis How long: 1 year

Immediate: Asthenia How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Walter A. Meyer M.D.

Address: 1033 N. Caroline st. Balto. Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Mt Pearl Cemetery

J B Cook

Name in Full: Michael Duffy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto

Date of death: Month: June; Day: 21st; Years: Age 1 year; Months: 2; Days: —

Sex: Male; Color or Race: White; Birthplace: Baltimore Md

Occupation: —; Where Residing if not at place of death: Catonsville

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Michael Duffy; Father's Birthplace: Ireland

Mother's Maiden Name: Casey Duffy; Mother's Birthplace: Ireland

Name of person giving Information: Michael Duffy; How related to deceased: [illegible]

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Meningitis; How long: Week

Immediate: Convulsions; How long: two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. Holliday M.D.

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A86816

Name in Full: J. Gilbert Dance

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Long Green; County: Baltimore

Date of death: Month: June; Day: 7; Years: 16; Months; Days

Sex: Male; Color or Race: White; Birthplace: Balto. Co. Md

Occupation: School boy; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: E. Scott Dance; Father's Birthplace: Balto. Co. Md.

Mother's Maiden Name: Susan Jenkens; Mother's Birthplace: Pa.

Name of person giving Imformation: Clifton Dance; How related to deceased: Brother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's disease, acute; How long: Ten days

Immediate: " " " ; How long: — —

Are the name, age, sex, color, date and place correctly given above?: —

Signature of Physician: Jno. L. Green,

Address: Gittings, Md

Accident ~~or Suicide~~?

LIBRARY BUREAU A88016

Name in Full

Certificate of Death

1. Samuel Deit

Died at Town Conrad County York Co. Pa. MARYLAND

Date 1904 Month June Day 28 | Age Y. 60 M. 4 D. 20 | Native of Maryland | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower / ~~Divorced~~ | Number of children living 6

Husband / Wife of A M Elizabeth Deit

Father's Name | Mother's Name

Cause of Death: Primary | Immediate — Paralized 66 | How long sick 2 days | Accident, Suicide, Homicide

Reported by

Address

G F W Miller

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Undertaker

LIBRARY BUREAU 79708

Name in Full: Augustin W. Duke.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown. County: Baltimore

Date of death 1904 Month: June. Day: 8 Age: Years 70. Months 11 Days 9

Sex: Male. Color or Race: White. Birthplace: Baltimore Md

Occupation: Retired - Druggist. Where Residing if not at place of death: Govane.

~~Married, Single~~ as Widowed: Widower. Name of Wife or Husband: Josephine Victoria Rosinstock.

Father's Name: James Duke. Father's Birthplace: England

Mother's Maiden Name: E. Heaps. Mother's Birthplace: "

Name of person giving Information: Frank W. Wilson. How related to deceased: Son in law.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Paresis. How long: 2 yrs

Immediate: Apoplexy Hemorrhage. How long: 10 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fin H Hoelbuer

Address: 924 N. Bals Md

Accident or Suicide? —

LIBRARY BUREAU A38816

H. C. Nudigelot

914 Greenmount Ave

Name in Full: Wm. Broom - better known as Dukehart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Colgate Creek 12 Dist. County: Balto.

Date of death 1904	Month	Day	Years	Months	Days
	June	11th.	Age		

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: White	Birthplace
Occupation	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband	
Father's Name		Father's Birthplace
Mother's Maiden Name		Mother's Birthplace
Name of person giving Information		How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning Accidental	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: Fred L. Pfeffer Coroner.
	Address
Accident or Suicide?	

LIBRARY BUREAU A868S16

Name in Full: James. D. Easton -

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Balto

Date of death 190 4 — Month: 6. — Day: 28 — Age: Years 1 — Months 7. — Days

Sex: Male. — Color or Race: White. — Birthplace: Balto

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James. O. Easton — Father's Birthplace: Md

Mother's Maiden Name: Josephine Schneider — Mother's Birthplace: Md

Name of person giving Information: John. Herwig. — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Membranous Croup. — How long: 24 hours

Immediate: Exhaustion. — How long: 2 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Trues

Address: 3 my Borough Highlandtown.

Accident or Suicide? No

LIBRARY BUREAU A66016

Sacred Heart Cemetery

June 29/04

J Herring & Son

2008 Orleans St

Name in Full: Mary Elizabeth Elliott

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: White Hall — County: Baltimore

Date of death 1904 — Month: June — Day: 20 — Age — Years: 61 — Months: 5 — Days: 15

Sex: Female — Color or Race: White — Birthplace: White Hall

Married, Single or Widowed: Single — Occupation: Housekeeper

Name of Wife or Husband:

Father's Name: Thomas A Elliott — Father's Birthplace: White Hall

Mother's Maiden Name: Mary Meadenbaugh — Mother's Birthplace: Shawsville Md.

Name of person giving Information: A. James Elliott — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abdominal Tumours — How long: 18 months

Immediate: Heart Failure Asthenia — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. K. Mitchell

Address: Mount Royal Md.

Accident or Suicide? No

LIBRARY BUREAU A86516

Name in Full: Laura M. Ensor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Belfast; County: Baltimore

Date of death 1904: Month: 6; Day: 28; Age: Years: 68; Months; Days

Sex: Female; Color or Race: White; Birthplace

Occupation: House Wife; Where Residing if not at place of death: Belfast Md.

Married, Single or Widowed: Married; Name of Wife or Husband: Luke E. Ensor

Father's Name: Wm Caples; Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Caples; Mother's Birthplace: Maryland

Name of person giving information: L. E. Ensor; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease; How long: 4 Years

Immediate: Uraemic Coma; How long: 2 weeks or less

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. G. Mitchell

Address: Glyndon Md.

Accident or Suicide?

LIBRARY BUREAU A53016

Interment Bosley.
Cemetery June 30 "
Please Return Name
Obije M. C B

Name in Full: Joseph Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Winans — County: Baltimore

Date of death 1904 — Month: 6 — Day: 9

Age — Years: 25 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Balt Md.

Married, Single or Widowed: Single. — Occupation: Laborer

Name of Wife or Husband: — — —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Fisher — Father's Birthplace: Germany.

Mother's Maiden Name: Dont Know. — Mother's Birthplace: Dont Know

Name of person giving information: Mrs. Bragg — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fall of Bank — How long:

Immediate: Skull Crushed. — How long: ½ Hour.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: August W. Miller Coroner

Address: Mt. Winans Md

Accident or Suicide? Accident.

8

LIBRARY BUREAU A99518

Name in Full: Infant Foley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: White Marsh — County: Balto

Date of death 1904 — Month: June — Day: 29 — Years: — — Months: — — Days: 19

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Jim Foley — Father's Birthplace: Md

Mother's Maiden Name: Mary Mooney — Mother's Birthplace: Md

Name of person giving Information: Mrs Mooney — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infantile Convulsions — How long: Several Days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address: Edward Hanson M.D. White Marsh Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: John. Freitag

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore. County: Balto.

Date of death 1904 June 8th Age: Years 41 Months 8 Days 22

Sex: Male. Color or Race: White. Birthplace: Baltimore City

Occupation: Laborer. Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Married. Name of Wife or Husband: Louise Freitag

Father's Name: William Freitag. Father's Birthplace: Germany

Mother's Maiden Name: Christina Bauer. Mother's Birthplace: Germany

Name of person giving Information: Barbara Homberg. How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis. How long: 5 Months

Immediate: Exhaustion. How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. Schofield

Address: 1600 Highland Ave.

Accident or Suicide?

8

LIBRARY BUREAU A89318

J Hervey Dan
5th Ger Reg. Com
June 10th 04

Name in Full

Certificate of Death

Mrs. Martha E Franck

Died at Town Roland Park County Balto Co., MARYLAND

Date 19 04 Month June Day 11th Age Y. 65 M. D. | Native of U.S. | Occupation Wife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow Widower | ~~Divorced~~ | Number of children living - 4

Husband of Wife Andrew A. Franck

Father's Name William Seibel | Mother's Maiden Name

Cause of Death: Primary Tuberculosis Pulmonary | How long sick 3 mos.

Immediate Exhaustion from Phthisis ~~Accident, Suicide, Homicide~~

Reported by Henry L. Cassidy Mgr.

Address Roland Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79033

E. M. McTeh Co

1201 W. Fayette St

Name in Full: Archabald Funk

CERTIFICATE OF DEATH

MARYLAND

Died at: Philadelphia Road (Town) — Md. (County)

Date of death 1904: June (Month) 28 (Day)

Age: Years — Months: 4 — Days: 28

Sex: Male

Color or Race: White

Birthplace: Baltimore

Married, Single or Widowed: Single

Occupation: —

Name of Wife or Husband: —

Father's Name: Robert Funk — Father's Birthplace: Baltimore

Mother's Maiden Name: Annie Hatch — Mother's Birthplace: Baltimore

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Name of person giving In formation: Annie Funk — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera-Infantum — How long: Two (2) days

Immediate: Edamptsa — How long: One (1) day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. John Davis.

Address: 2104 Calvert st

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A23316

Mount Carmel

H. Sander Sons

Name in Full: Mary Gilmore

CERTIFICATE OF DEATH

Died at: St. Agnes' Hosp. (Town) Balto. (County) MARYLAND

Date of death: 1904. June 26, (Month, Day) Age: 30 (Years, Months, Days)

Sex: Female | Color or Race: White | Birthplace: Ireland

Occupation: Housework | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: Michael Gilmore | Father's Birthplace: Ireland

Mother's Maiden Name: Katie Tarpy | Mother's Birthplace: "

Name of person giving In formation: Delia Duggan | How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Appendicitis | How long:

Immediate: Peritonitis | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. Mara

Address: St. Agnes. Hospl.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Milton Glass

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Consumptive Hospital; County: Balto

Date of death 1904: Month: June; Day: 4; Years: Age 21; Months; Days

Sex: Male; Color or Race: White; Birthplace: Russia

Married, Single or Widowed: Single; Occupation: Barber.

Name of Wife or Husband:

Father's Name: Unknown; Father's Birthplace: Unknown

Mother's Maiden Name: Unknown; Mother's Birthplace: Unknown

Name of person giving Information: Miss Hoffman; How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: 5 months

Immediate:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W A Jarrett

Address: Towson, Md.

Accident or Suicide? No

LIBRARY BUREAU A688816

David Sondheim

923 Madison Ave

Ellis Paint Thenw Laundry

Name in Full: Maurice Eugene Grace

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Loch Raven — County: Balto.

Date of death 1904: Month: June — Day: 13 — Age: Years: — Months: 6 weeks — Days:

Sex: Male — Color or Race: White — Birthplace: Washington D.C.

Married, Single or Widowed: Single — Occupation: none

Name of Wife or Husband: none.

Father's Name: Harry Grace — Father's Birthplace: Balto Co

Mother's Maiden Name: Laura Stroyer. — Mother's Birthplace: Balto Co.

Name of person giving information: Jorge Holland. — How related to deceased: none.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition — How long:

Immediate: Gastro-enteritis — How long: one week.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: W. J. Harrison.

Address: Loch Raven.

Accident or Suicide?

LIBRARY BUREAU A89516

John Burns · Sons

Hire · Purchase

Thurlow Road

Name in Full

Certificate of Death

Michael Hogan

Died at Town Pikesville — County Baltimore MARYLAND

Date 1904 Month 6 Day 4 | Age Y. 52 M. — D. — | Native of | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Unknown | Mother's Maiden Name Unknown

Cause of Death: Primary

Immediate Opium Poisoning

How long sick Six hours

~~Accident, Suicide, Homicide~~

Reported by Dr. S. Thompson

Address Phone

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70898

Interment
Hersop Cemetery
Jane 9 "

W. & B

Please return permit

Name in Full: Jerome Hanley.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St Agnes Hospital. County: Balto Co.

Date of death	Month	Day	Years	Months	Days
1904	June	21	Age 34.		

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: White	Birthplace: Mass.
Occupation: Stableman	Where Residing if not at place of death: 912 Harford Ave	
~~Married~~, Single or ~~Widowed~~	Name of Wife or Husband	
Father's Name		Father's Birthplace
Mother's Maiden Name		Mother's Birthplace
Name of person giving information		How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulm. Tuberculosis.		How long: 6 mths
Immediate: Exhaustion		How long: 1 mth.
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician: F. W. Keown M.D.	
	Address: 1938 Linden Ave	
Accident or Suicide?		

LIBRARY BUREAU A68516

H Hoeck & Son.

Holy Cross Cemetery.

Name In Full

Certificate of Death

Dietrick Harget.

Died at Town Balto. Co. County Almshouse MARYLAND

Date 1904 Month 6 Day 14 | Age Y. 72 M. D. | Native of Germany | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced

Number of children living 2

Husband of Wife Barbara Harget

Father's Name

Mother's Maiden Name

Cause of Death: Primary Prostatitis, Cystitis

Immediate Inanition

How long sick about 2 mos.

Accident, Suicide, Homicide

Reported by Dr. Thos. L. Bussey

Address Towson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73888

Name in Full: Marshal Hawkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Baltimore

Date of death: Month: June — Day: 24 — 1904

Age: Years: — Months: 8 — Days: 25

Sex: Male — Color or Race: Black — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: Catonsville

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob Hawkins — Father's Birthplace: Md

Mother's Maiden Name: Sarah Hawkins — Mother's Birthplace: Dixie

Name of person giving Information: Sarah Hawkins — How related to deceased: X

CAUSES OF DEATH

Primary: Teething — How long: 8 days

Immediate: Spasms — How long: 3 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W R Gorry

Address: Catonsville Md

Accident or Suicide? —

LIBRARY BUREAU A66616

Name in Full: James Henry Headley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Balt

Date of death 1904: Month: 6; Day: 2

Age: Years: —; Months: 1; Days: 24

Sex: Male; Color or Race: White; Birthplace: Canton

~~Married~~, Single or ~~Widowed~~; Occupation:

~~Name of Wife or Husband~~:

Father's Name: Geo. A. Headley; Father's Birthplace: Virginia

Mother's Maiden Name: Annie V. —; Mother's Birthplace: Md

Name of person giving information: Geo A. Headley; How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition; How long: Life

Immediate: Exhaustion; How long: One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. W. Jones M.D.

Address: 3116 O'Donnell St

Accident or Suicide?

LIBRARY BUREAU A28516

Girkler & Girkler
1739 E. Eager St.

Name in Full: Lottie V Hertel

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Towson — County: Baltimore

Date of death: Month: 6 — Day: 29 — Years: 55 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death: Shepard asylum

Married, Single or Widowed: married — Name of ~~Wife~~ Husband: John Hertel

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: John Hertel — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long:

Immediate: Exhaustion — How long: 72 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E N Brush

Address: Shepard & Enoch Pratt Hospital

Accident or Suicide?

LIBRARY BUREAU A88818

Permits for burial in
Presbyterian Cemetary Jovanstown

July 1/904

William Cook Undertaker
502 E. North Ave

Name in Full: George N. Hill

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highland Town — County: Baltimore

Date of death 1904: Month: June — Day: 26th — Age: Years: 75 — Months: 3 — Days: —

Sex: Male — Color or Race: White — Birthplace: Baltimore Co Md

Married, Single or Widowed: Widower — Occupation: Retired

Name of Wife or Husband:

Father's Name: Unknown — Father's Birthplace: U S

Mother's Maiden Name: Unknown — Mother's Birthplace: U S

Name of person giving Information: Emma Smith — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Morbus. — How long: 5 days.

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

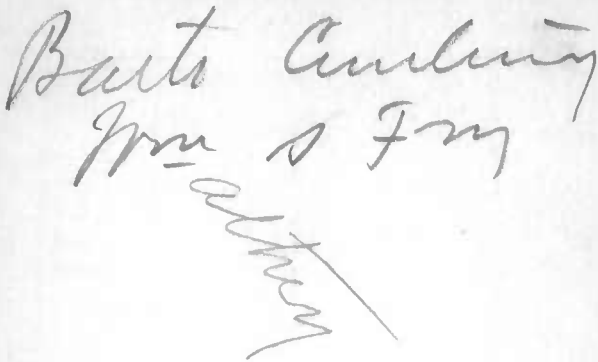
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J C Schofield

Address: 1400 Forest St

Accident or Suicide?

LIBRARY BUREAU AR8516



Name in Full: Jno Kimmle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fullerton — County: Balto

Date of death 1904 — Month: June — Day: 26 — Age: Years 65 — Months — Days

Sex: male — Color or Race: white — Birthplace: Germany

Occupation: Laborer — Where Residing if not at place of death

~~Married~~ Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heat Stroke — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Corse M.D.

Address: Gardenville

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Charles Henry Houcke

Town: Monkton — County: Baltimore — MARYLAND

Died at

Month	Day	Age Y.	M.	D.	Native of	Occupation
June	15	18	3	28	Maryland	Miller

Date 1904

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living 0

Husband of Wife 0

Father's Name Eli H. J. Houck — Mother's Maiden Name Katherine Boyden

Cause of Death — Primary: Acute Rheumatism — How long sick 2 weeks

Immediate: Pericarditis

~~Accident, Suicide, Homicide~~

Reported by Thos. H. Emory M. D.

Address Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79809

Name in Full: Margaret A. Hook

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Brooklandville (County) Balto.

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month	Day	Age	Years	Months	Days
	June	30		75		

Sex	Color or Race	Birthplace
Female	White	Balto city

Married, Single or Widowed	Occupation
Widow	House wife

Name of Wife or Husband: Solomon Hook.

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving In formation: Geo. W. Hook

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of age

How long: 6-4

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. Louis Naylor

Address: Pikesville Md

Accident or Suicide?

LIBRARY BUREAU A88516

From
John Burns Sons
for burial
at Salem Cem
Ballo
Co.

Name in Full: Francis Hughes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rossville — County: Balto

Date of death: Month: June — Day: 25 — Years: 66 — Months: - — Days: -

Sex: Female — Color or Race: Colored — Birthplace: Va

Occupation: House wife — Where Residing if not at place of death: Rossville Md

Married, Single or Widowed: Married — Name of Wife or Husband: Newton Hughes

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Newton Hughes — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Arsenism — How long: 2 Months

Immediate: Heart Failure — How long: -

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C Mead

Address: Rossville Md

Accident or Suicide? -

LIBRARY BUREAU A89515

Entertainment Dowden
Chapel Putty Hill
Belair Road

Geo W. Grammer
undertaker

Name in Full: William H. Hutchins.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown. County: Balto.

Date of death: Month: 6. Day: 19. 1904

Age: Years: 76. Months: — Days: —

Sex: Male. Color or Race: White. Birthplace: Md.

Occupation: Farmer. Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed. Name of Wife or Husband: —

Father's Name: William H. Hutchins. Father's Birthplace: Md.

Mother's Maiden Name: Unknown. Mother's Birthplace:

Name of person giving Information: Harry, Hutchins. How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis. How long: 5. month.

Immediate: Exhaustion. How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. C. Clelurford

Address: Highlandtown

Accident or ~~Suicide~~?

LIBRARY BUREAU A66616

Name in Full: Geo. W. Jacobs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Consumptive Hospital; County: Balto Co

Date of death 1904: Month: June; Day: 14; Years: Age 50; Months; Days

Sex: female; Color or Race: White; Birthplace

Married, Single or Widowed: married; Occupation: none

Name of Wife or Husband: Unknown

Father's Name: Unknown; Father's Birthplace: Unknown

Mother's Maiden Name: Unknown; Mother's Birthplace: Unknown

Name of person giving Information: Miss Hofman; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis; How long: Since Fall last

Immediate: Exhaustion; How long: 15 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. H. Jarrell

Address: Towson, Md.

Accident or Suicide? no

LIBRARY BUREAU A88518

Anniston Temple
715 Leila St

Name in Full: Emma Jacobsen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Baltimore

Date of death 1904: Month: 6; Day: 28

Age: Years: 9; Months: 3; Days: 3

Sex: Female; Color or Race: White; Birthplace: Baltimore

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Andrew Jacobsen; Father's Birthplace: Washington D.C.

Mother's Maiden Name: Mary Eckert; Mother's Birthplace: Baltimore

Name of person giving information: Andrew; How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions (probably septic); How long: 12 days

Immediate: Cholera Infantum; How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N. Dan Wright

Address: 1023 Canton St

Accident or Suicide? No

LIBRARY BUREAU A0881G

Trinity Academy

H. Sanders & Sons

Name in Full: Robert Jamieson

CERTIFICATE OF DEATH

Died at: St. Agnes' Hospital — Town: Balto — County: MARYLAND

Date of death	Month	Day	Years	Months	Days
1904	June	17	Age 40		

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Grocer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long:

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John T. O'Mara M.D.

Address: St. Agnes' Hosp. Baltimore, Md.

Accident or Suicide? Personal.

LIBRARY BUREAU A88516

Name in Full: Uriah Johns

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Balt

Date of death 1904	Month	Day	Age	Years	Months	Days
	6	8		4/2	5	3

Sex: Male — Color or Race: White — Birthplace: Balt

Married, ~~Single or Widowed~~ — Occupation:

Name of Wife or ~~Husband~~: Johns

Father's Name: John Johns — Father's Birthplace: Wales

Mother's Maiden Name: Elizabeth Williams — Mother's Birthplace: Wales

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 4 months

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David W. Jones

Address: 3116 O'Donnell St

~~Accident or Suicide?~~

LIBRARY BUREAU 1904-5

Name in Full: John Kael

CERTIFICATE OF DEATH

Died at — Town: — County: Balto — MARYLAND

Date of death	Month	Day	Age: Years	Months	Days
1904	4	2	68	—	—

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: White	Birthplace: Germany	
Occupation: Farmer	Where Residing if not at place of death: —		
Married, Single or Widowed: Single	Name of Wife or Husband: —		
Father's Name: Unknown		Father's Birthplace: Germ.	
Mother's Maiden Name: Unknown		Mother's Birthplace: Germ.	
Name of person giving information: George Goertz		How related to deceased:	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever		How long: 2 wks.
Immediate: Exhaustion		How long: 2 days.
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician: J. A. Glantz MD	
	Address: 41 Eastern Ave. E.t.	
Accident or Suicide?		

LIBRARY BUREAU A89516

Mt Carmel pleem.

J Herwig & Son

2008 Orleans St.

Name in Full: William E. Kirwan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death: 1904 June 20th; Age: 64 Years — Months — Days —

Sex: Male; Color or Race: White; Birthplace:

Occupation: Merchant; Where Residing if not at place of death:

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Information: Rec'd of Mt Hope; How related to deceased: not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia; How long: Abt 3 Mos.

Immediate: Exhaustion; How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat, Baltimore Co.

Accident or Suicide? —

LIBRARY BUREAU A8801B

Name in Full: Henry Barrell Keyser.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville — Institution: Spring Valley. — County: Balto. Co.

Date of death: June 3rd 1904 — Month: June — Day: 5th — Age: Years 38 — Months 9 — Days

Sex: Male — Color or Race: W. Lite — Birthplace: Baltimore

Married, Single or Widowed: Married — Occupation: Clerk.

Name of Wife or Husband: Caroline Keyser.

Father's Name: H. Irwin Keyser — Father's Birthplace: Baltimore

Mother's Maiden Name: Mary Washington — Mother's Birthplace: Baltimore

Name of person giving Information: H. Irwin Keyser — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Meningitis (Acute) — How long: About 3 weeks

Immediate: Coma — How long: Few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Atkinson

Address: 609 Cathedral St Baltimore

Accident or Suicide? ~~Accident or Suicide~~

LIBRARY BUREAU A8818

Name in Full: William Keyser

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) (Glyndon) Reisterstown (County) Baltimore

Date of death 1904: Month June; Day 3; Age Years 68; Months 6; Days 10

Sex Male; Color or Race White; Birthplace Baltimore

Married, Single or Widowed Married.; Occupation Manufacturer

Name of Wife or Husband Mary A Brent

TO BE ANSWERED BY NEAREST FRIEND

Father's Name Samuel S. Keyser; Father's Birthplace Baltimore

Mother's Maiden Name Elizabeth Wyman; Mother's Birthplace Lowell, Mass.

Name of person giving In formation R. Brent Keyser (Son); How related to deceased Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cerebral Haemorrhage; How long 1 hour

Immediate Cerebral Haemorrhage; How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. D. Thayer

Address 406 Cathedral St Baltimore

Accident or Suicide? No

LIBRARY BUREAU A8P916

Henry W. Jenkins Son

Funeral Monday

June 6th

at Greenwood Cem

Name in Full: Elizabeth Kramer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown County: Balto

Date of death 190 4: Month: June Day: 20 Age: Years: 59 Months: 1 Days: 5

Sex: Female Color or Race: White Birthplace: Baltimore

Married, Single or Widowed: Married Occupation: None

Name of Wife or Husband: Geo. Kramer

Father's Name: John Thom Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Simmons Mother's Birthplace: Md.

Name of person giving In formetion: Geo. Kramer How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hemiplegia How long: 7 days

Immediete: How long:

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: C. N. Bluey

Address:

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88918

Mt. Carmel —

H. Sauder & Son.

Name in Full: Grace F. Severe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Winans — County: Balt —

Date of death 1904: Month: June — Day: 27

Age: Years — Months: 4 — Days: 2

Sex: Female — Color or Race: white — Birthplace: Balt Co. Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband:

Father's Name: Edward W. Severe — Father's Birthplace: Balt City

Mother's Maiden Name: Nettie Franklin — Mother's Birthplace: Balt city

Name of person giving Information: Edw. W. Severe — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 2 months.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank H. Ruhl

Address: Sandowne. Md.

Accident or Suicide?

LIBRARY BUREAU A8U816

Name in Full: John J. Lynch

CERTIFICATE OF DEATH

Died at: Town: St. Agnes' Hosp. County: Balto. MARYLAND

Date of death 1904: Month: June Day: 16 Years: Age 44 Months: Days:

Sex: Male Color or Race: White Birthplace: St Louis, Mo.

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving In formation: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

34

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculer Empyema How long: 5 yrs

Immediate: Gen'l Palm Tuberculosis & Exhaustion How long: 2 mths

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. W. Brown M.D.

Address: 1938 Lauden Ave.

Accident or Suicide? No

LIBRARY BUREAU A6881S

Name in Full: Hannorah Mackessy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Balto.

Date of death 1904 — Month: June — Day: 11 — Age — Years: — Months: 10 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Balto Co. Md

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: Thomas Mackessy — Father's Birthplace: Balto - Md.

Mother's Maiden Name: Mary C. Mullen — Mother's Birthplace: Ireland

Name of person giving In formation: Thos. Mackessy — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: H — How long:

Immediate: Convulsions — How long: 15 Minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. J. McAvoy MD.

Address: 839 S. Canton Av

Accident or Suicide?

LIBRARY BUREAU A89516

Conley Bros
Holy Cross Cem.

Name in Full: Robert C. Magsamen

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Poplar — County: Baltimore

Date of death 1904 — Month: June — Day: 29 — Age — Years: 45 — Months: 6 — Days: —

Sex: Male — Color or Race: white — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Ellen R Magsamen

Father's Name: John Magsamen — Father's Birthplace: Germany

Mother's Maiden Name: Augusta Hoffman — Mother's Birthplace: Germany

Name of person giving In formation: Ellen R Magsamen — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 8 months

Immediate: Asthenia — How long: 3 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: Johnsville Harford Co Middle River Md

Accident or Suicide? no

LIBRARY BUREAU A88316

Name in Full: John P. Marshall Jr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glyndon — County: Baltimore

Date of death 1904: Month: June — Day: 7 — Age: Years: 50 — Months: 1 — Days:

Sex: Male — Color or Race: White — Birthplace: Balto. Co Md.

Occupation: Builder — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Susan P. Marshall

Father's Name: John T. Marshall Sr — Father's Birthplace: Md

Mother's Maiden Name: Lydia Murrow — Mother's Birthplace: "

Name of person giving information: Sylvester Marshall — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterial Disease of Brain — How long: 9 Months

Immediate: Acute Nephritis — How long: 4 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Rowbrice

Address: Glyndon Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: John F. Mennen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rossville County: Baltimore

Date of death: 1904 Month: June Day: 29

Age: 1 day Months Days

Sex: Male Color or Race: White Birthplace: Rossville

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Mennen Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Eva Mennen How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long:

Immediate: Convulsions How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. Truax

Address: Rossville Md

Accident or Suicide?

LIBRARY BUREAU A83016

Entertainment
St Josephs
Boys Main
Road
Geo W. Goodman
undertaker

Name in Full: Infant not named

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto.

Date of death 1904 — Month: 6 — Day: 11 — Years: — — Months: — — Days: 12 hrs.

Sex: male — Color or Race: White — Birthplace: Catonsville

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Andrew Wenth — Father's Birthplace: Balto. Md

Mother's Maiden Name: Estell Bowers — Mother's Birthplace: Balto. Md

Name of person giving information: Mrs Coe — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Weakness — How long:

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J M Stultz Md

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A8881O

Name in Full: Charles Walter Miller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sutherville; County: Balto.

Date of death 1904: Month: June; Day: 4

Age: Years: 8; Months: 8; Days: 8

Sex: Male; Color or Race: White; Birthplace: Balto.

~~Married~~, Single or ~~Widowed~~: Single; Occupation: none

Name of Wife or Husband:

Father's Name: Charles Miller; Father's Birthplace: Frederic Co

Mother's Maiden Name: Minnie Lalapplane; Mother's Birthplace: Frederic

Name of person giving information: Charles Miller; How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis; How long: 5 weeks

Immediate: Convulsions; How long: 12 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Burton Shumaker

Address: Ridgely Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A6881G

John Burns Sons

Woodsboro Frederic Co

Name in Full: Edith Cole Mitchell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Gardenville — County: Baltimore

Date of death 1904 — Month: June — Day: 25th

Age — Years: One — Months: 7 — Days: 18

Sex: Female — Color or Race: White — Birth-Place: Baltimore Co

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Edgar C Mitchell — Father's Birthplace: Towson Md

Mother's Maiden Name: Elizabeth B. Kaline — Mother's Birthplace: Baltimore Co

Name of person giving In formation: E. C. Mitchell — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculas Meningitis — How long: 3 weeks

Immediate: General Paralysis — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. B. Webster M.D.

Address: Raspeburg — Md —

Accident or Suicide?

LIBRARY BUREAU A28318

Carter Cemetery

4

Name in Full: Mrs Ellen S. Moffett.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glyndon — County: Baltimore.

Date of death: Month: June — Day: 19th — Year: 1904 — Age: 60 — Months: 8 — Days: 12.

Sex: Female — Color or Race: White — Birthplace: England

Occupation: School Teacher — Where Residing if not at place of death: Glyndon, Md.

~~Married, Single~~ or Widowed: Widow — Name of Wife or Husband: deceased

Father's Name: Wm Dew — Father's Birthplace: England

Mother's Maiden Name: Ann Miller — Mother's Birthplace: England

Name of person giving In formation: Mrs J. R. White. — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nervous Exhaustion — How long: 3 months

Immediate: Heart-disease — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. R. White M.D.

Address: Glyndon Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A66516

Name in Full: John Murphy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Balto. Co. Almshouse; County:

Date of death: Month: 1904 6; Day: 20; Age: Years: 41; Months; Days

Sex: Male; Color or Race: White; Birthplace

Occupation; Where Residing if not at place of death

Married, ~~Single~~ or ~~Widowed~~; Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary; How long: when admitted

Immediate: Pulmonary Tuberculosis; How long: Had Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. Thos. C. Bussey

Address: Texas Md.

Accident or Suicide?

LIBRARY BUREAU 448518

Name In Full Mrs Electra Murray — Certificate of Death

Dled at Town Sykesville County Baltimore County MARYLAND

Date 1904 Month June Day 24 | Age Y. 22 M. 2 D. | Native of 2 months 21 days Maryland | Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced

Husband of Wife: Wm A H Murray

Father's Name: Jacob Miller — Mother's Name: Addie Miller

Cause of Death — Primary: Consumption — How long sick: 5 months

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by Dr. G. H. Beckley

Address Reisterstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]8

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full: Rudolph Myers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Balto. Co. Aldshouse; County:

Date of death: Month: June; Day: 24; Year: 1904; Age: 45 Years; Months; Days

Sex: Male; Color or Race: White; Birthplace:

Occupation: Labrer; Where Residing if not at place of death:

Married, Single or Widowed: married; Name of Wife or Husband:

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Information: ; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis; How long:

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. Thos. C. Bussey

Address: Texas Md.

Accident or Suicide?

LIBRARY BUREAU A6US16

Randolph Meyers
Jeannette
3

Name in Full: William A. Naylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mon Rustletown — County: Batto

Date of death: 1904 June 7 — Age: Years 26 Months Days

Sex: Male — Color or Race: white — Birthplace: Batto co Md

Occupation: machinist — Where Residing if not at place of death: Mon Rustletown

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Amos Naylor — Father's Birthplace: Batto co Md

Mother's Maiden Name: Emma C. Acherst — Mother's Birthplace: " " "

Name of person giving information: Amos Naylor — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism — How long: 6 mo

Immediate: Pulmonary Tuberculosis — How long: Two years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ross Price

Address: Plymden

Accident or Suicide? J

LIBRARY BUREAU A88818

Name in Full: James Nestor

CERTIFICATE OF DEATH

Died at: Town: St. Agnes' Hospital — County: Balto. — MARYLAND

Date of death: Month: June — Day: 12 — 1904 — Age: Years: 44 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Laborer — Where Residing if not at place of death: 703 Forest St.

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: James Nestor — Father's Birthplace: Ireland

Mother's Maiden Name: May Callahan — Mother's Birthplace: Ireland

Name of person giving In formation: Mary Horgan — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: John T. O'Mara M.D.

Address: St. Agnes' Hospital

Accident or Suicide?

Per Supt. Baltimore, Md.

LIBRARY BUREAU A88016

Name in Full: William Nolan

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at St. Agnes' Hospital, Town; County Balto. MARYLAND

Date of death 1904	Month	Day	Years	Months	Days
	June	17	Age 34		

Sex: Male

Color or Race: White

Birth-place: Baltimore

Occupation: none

Where Residing if not at place of death: 1136 Hollins St.

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chr. Parenchymatous Nephritis — How long: 3 mths

Immediate: Cardiac Asthenia — How long: 3 mks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Keown M.D.

Address: 1938 Linden Ave

Accident or Suicide? No.

LIBRARY BUREAU A88518

Name in Full: Percy Elias Page

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Halethorpe — County: Baltimore

Date of death 1904 — Month: June — Day: 25 — Age — Years: — Months: 6 — Days: 1

Sex: Male — Color or Race: Black — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Henry Page — Father's Birthplace: Baltimore, Md

Mother's Maiden Name: Elsie F. Gaither — Mother's Birthplace: A.A.Co. Md.

Name of person giving Imformation: Chas. H. Page — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 5 mos.

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W.M.R. Earleckson

Address: Elk Ridge, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A89516

Geo. Hoyle.

Name in Full: Stephen A. E. Pardee

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arlington Annex; County: Baltimore

Date of death 1904: Month: 8; Day: 13

Age: Years: —; Months: —; Days: 23

Sex: Male

Color or Race: White

Birthplace: Balto. City

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Chas. H. Pardee

Father's Birthplace: Md

Mother's Maiden Name: Mary F. Stansbury

Mother's Birthplace: Md

Name of person giving information: Chas. H. Pardee

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cold

How long

Immediate: Congestion of Lungs

How long: one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edwin E. Jones

Address: Arlington Md

Accident or Suicide? No

LIBRARY BUREAU A08516

Name in Full: Belinda Parker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Glyndon County: Baltimore

Date of death 1904 Month: June Day: 18

Age: Years: 73 (next birthday) Months: 9 Days: 7

Sex: Female Color or Race: Colored Birthplace: Baltimore Co. Md.

Occupation: nurse Where Residing if not at place of death: near Glyndon

Married, Single or Widowed: widow Name of Wife or Husband: Deceased

Father's Name: Joshua Smith Father's Birthplace: Baltimore Co. Md.

Mother's Maiden Name: Belinda Dorsey Snow Mother's Birthplace: —

Name of person giving information: Millie C. Parker How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis How long: 10 days

Immediate: Paralysis How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. W. White M.D.

Address: Glyndon, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A66816

Gourpho Chapel

Name in Full: Joseph Passano

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arlington — County: Baltimore

Date of death: 1904 — Month: June — Day: 29 — Age: Years: 65 — Months: 6 — Days: 20

Sex: Male — Color or Race: white — Birthplace: Balto Md

Occupation: Superintendent — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: Parthenia S Passano

Father's Name: Leonard Passano — Father's Birthplace: Italy

Mother's Maiden Name: Parthenia Phelps — Mother's Birthplace: Md.

Name of person giving Imformation: Mrs Parthenia Passano — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Encephalitis and Typhoid fever — How long: 6 days

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Fred C Jewett

Address: 2208 W Fallon Ave Baltimore

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full

Certificate of Death

Mrs Alice M E. Payton

Town

County

Died at Catonsville Co Baltimore MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1941	June	12	Age	27	2	3d	Md	Housework

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife James H Payton

Father's Name Alex Howard

Mother's Name Estella Howard.

Cause of Death: Primary Coma

Immediate Congestion of brain

How long sick 4 days

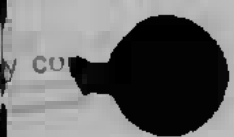
~~Accident, Suicide, Homicide~~

Reported by Dr Harry Mc D.

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full: Jacob & Katie Duick

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lauganelli — County: Balto

Date of death: Month: June — Day: 24 — Age: Years: — Months: — Days: 1 1

Sex: male — Color or Race: white — Birthplace: Same

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Jacob Duick — Father's Birthplace: Balto Co

Mother's Maiden Name: Katie Lisk — Mother's Birthplace: " "

Name of person giving Imformation: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth — How long: 1 day

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm D Bosse Md

Address: Gardenville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Stanislaus Radowski

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Waltes (County) Dalls

Date of death: Month June, Day 7, Year 1904

Age: 49 Months — Days —

Sex: mal

Color or Race: white

Birthplace: Germany

Occupation: Farmer

Where Residing if not at place of death: —

Married, Single or Widowed: marid

Name of Wife or Husband: Teresa Radowski

Father's Name: F. Radowski

Father's Birthplace: Germy

Mother's Maiden Name: —

Mother's Birthplace:

Name of person giving information: Teresa Radowski

How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Struck by Lightning

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John A Hannan M D

Address: Md Delt Line

Accident or Suicide? no

LIBRARY BUREAU A66616

Mika Salmela

Name in Full: Mary Raley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Wilkens ave Ext (County) Balto

Date of death 1904 (Month) June (Day) 2 (Years) Age 58 (Months) Several (Days)

Sex: Female

Color or Race: White

Birthplace: Baltimore

Occupation: —

Where Residing if not at place of death:

[redacted] or Widowed

Name of Wife or Husband:

Father's Name: John Henry Suylor

Father's Birthplace: Long Green Harford Co Md

Mother's Maiden Name: Mary Eenwein

Mother's Birthplace: adams Co Pa

Name of person giving Imformation: Joseph Suylin

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of Heart Chronic Interstitial Nephritis

How long: 35 days since 1st visit

Immediate: Acute Indigestion

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. G. Smithmeyer

Address: 1327 W. Fayette St

Accident or Suicide? —

LIBRARY BUREAU A6B316

Name in Full: John Michael Rehm

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington; County: Maryland

Date of death 1904: Month: June; Day: 9

Age: Years: 76; Months: 6; Days: 17

Sex: male; Color or Race: white; Birthplace: Germany

Married, Single or Widowed: Married; Occupation: Butcher

Name of Wife or ~~Husband~~: Frances Elizabeth Sahmetz

Father's Name: John Rehm; Father's Birthplace: ~~Bavaria~~ Munich

Mother's Maiden Name: Walburga ——; Mother's Birthplace: Munich

Name of person giving Information: Frances A. Rehm; How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Atheroma. Cerebral Hemmorhage; How long: about 5 years.

Immediate: Asthenia; How long: 10 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: William J Todd M.D.

Address: Mt Washington Md

Accident or Suicide?

LIBRARY BUREAU A88516

H. C. Wiedefeld

914 Greenmount Ave.

Name in Full: Dorathy A. Reuter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Jacksonville; County: Baltimore

Date of death: 1904; Month: June; Day: 26

Age: Years: 72; Months: 7; Days: 4

Sex: Female

Color or Race: White

Birthplace: Germany

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of ~~Wife or~~ Husband: August Reuter

Father's Name: Adolphus Blooma

Father's Birthplace: Germany

Mother's Maiden Name: Louisa Hisen

Mother's Birthplace: "

Name of person giving Imformation: Katie Swank

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Liver

How long: 10 months

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. H. Emory M.D.

Address: Hess, Md.

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Edward Reuter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Balto

Date of death 190 4 — Month: June — Day: 6

Age — Years: 8 — Months: 4 — Days: 24

Sex: Male — Color or Race: White — Birthplace: Canton

Married, Single or Widowed: Single — Occupation:

Name of ~~Wife~~ or Husband:

Father's Name: Casper Reuter — Father's Birthplace: Balto. Md.

Mother's Maiden Name: Dora Mueller — Mother's Birthplace: Balto. Md.

Name of person giving information: 12 — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning — How long:

Immediate: Accidental — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~: Conner John. G. Mueller

Address: 216 O'Donnell St

Accident ~~or Suicide~~?

LIBRARY BUREAU A88519

Wesley Dobbelmann
Sacred Heart Cemetery

Name in Full

Certificate of Death

Margaret Ellen Rhinehart

Died at Town Woburn County Baltimore MARYLAND

Date 1904 Month June Day 9 | Age Y. 5 M. 4 D. 0 | Native of Maryland Home | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced Number of children living

Husband ~~Wife~~ of William Rhinehart

Father's Name Jno W Dorsey

Mother's Name Mary Dorsey

Cause of Death: Primary acute Brights disease — How long sick 1 day

Immediate Pneumonia

Accident, Suicide, Homicide

Reported by Dr J E Benson

Address Leckhardsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Interno ao
Poder Judiciário

Name in Full: Catherine Riley

CERTIFICATE OF DEATH

Died at: St. Agnes' Hosp. Town | County: Balto. | MARYLAND

Date of death	Month	Day	Years	Months	Days
1904.	June	15	Age 17		

Sex: Female | Color or Race: White | Birthplace: Balto.

Occupation: Tailor-shop | Where Residing if not at place of death: 376 S. Caroline St.

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis | How long

Immediate: Exhaustion | How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. Mara M.D.

Address: St. Agnes. Hospl. Ho. "D" Balto. Co.

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: Baldwin Robins (Boardwin)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat — County: Balto Co

Date of death: Month: June — Day: 18th — Year: 1904 — Age: 37 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace:

Occupation: Student of Medicine — Where Residing if not at place of death: Berlin Worcester Co

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: Records of Mt Hope — How related to deceased: Not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia Chronic — How long:

Immediate: Ex Inanition — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide?

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Baltimore Co Md

LIBRARY BUREAU A8618

Name in Full: Unnamed Infant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Whitemarsh — County: Balto

Date of death: 1904 — Month: June — Day: 14 — Age: Years: — Months: — Days: 2

Sex: Male — Color or Race: White — Birthplace: md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas W Robinson — Father's Birthplace: md

Mother's Maiden Name: Mary Shaley — Mother's Birthplace: md

Name of person giving information: Mary Robinson — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Prematurity, born dead — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: J Schuld Harrison

Address: Middletown Md

Accident or Suicide? No

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LIBRARY BUREAU A88516

Name in Full: Otto Russ

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bethville; County: Balto.

Date of death: Month: June; Day: 12; Years: —; Months: —; Days: 2 hours

Sex: Male; Color or Race: White; Birthplace: Bethville

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Carl Russ; Father's Birthplace: Germany

Mother's Maiden Name: Minnie Klezder; Mother's Birthplace: Germany

Name of person giving Information: Mrs. A. C. Smink; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long —

Immediate: Eclampsia; How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. C. Smink M.D.

Address: Powhatan Md.

Accident or Suicide? —

LIBRARY BUREAU A63516

Name in Full: Charles A. Rye

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Carney — County: Baltimore

Date of death 1904 — Month: June — Day: 11th — Age — Years: 46 — Months: 4 — Days: 2.

Sex: Male — Color or Race: White — Birthplace: Balto Co.

Occupation: Farmer — Where Residing if not at place of death: Carney.

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Catherine Stamber

Father's Name: George H. Rye — Father's Birthplace: Germany.

Mother's Maiden Name: Rosie Knebsch. — Mother's Birthplace: Germany.

Name of person giving Information: Catherine Rye. — How related to deceased: Wife.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Apoplexy — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. I. Harrison.

Address: Govh Raven.

Accident or Suicide?

LIBRARY BUREAU A8861S

T. F. Ivan

St Louis Cemetery

Name in Full: Wm. E. Schaefer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Willow Grove Shore County: Balto

Date of death	Month	Day	Age: Years	Months	Days
1904	June	29th			

Sex | Color or Race | Birth-place

Occupation | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Drowning Accidental | How long

Immediate | How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Fred L Pfeffer Coroner

Address: 424 Eastern Ave

Highlandtown

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full

Certificate of Death

Emma Elizabeth Schaub.

Died at Town: Gardenville County: Balto. Co. MARYLAND

Date 1904 Month: June Day: 24 | Age Y. 3 M. 7 D. 24 | Native of Gardenville | Occupation None

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Louis E. Schaub. Mother's Name Minnie Schaub.

Cause of Death: Primary Diphtheritic Croup — How long sick About 1 week

Immediate Toxaemia.

~~Accident, Suicide, Homicide~~

Reported by John Girdwood M.D.

Address 1811 E [redacted] Balto St Balto Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Adams County

2

Name in Full: Philip Jr Scott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chase — County: Balto

Date of death: Month: June — Day: 2 — Age: Years: — Months: 7 — Days: 7

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Chd — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Jos Scott. — Father's Birthplace: Md

Mother's Maiden Name: Maggie Parker — Mother's Birthplace: Md

Name of person giving In formation: Jos Scott — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 Days

Immediate: — How long: 2 Days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: John W. Hannon Middle River Md

Accident or Suicide? Md

LIBRARY BUREAU A88513

Name in Full: Frances Seufert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Gardenville; County: Baltimore

Date of death 1904: Month: June; Day: 21st

Age: Years: 36; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Balto. Md.

Married, Single or Widowed: Widow; Occupation: None

Name of Wife or Husband: George Seufert

Father's Name: Robert Haberlander; Father's Birthplace: Germany

Mother's Maiden Name: Wilhelmina Bannenberg; Mother's Birthplace: Germany

Name of person giving In formation: August Haberlander; How related to deceased: Brother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pt. Phthisis Pulmonalis; How long: Both known

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo F. Cone M.D.

Address: Gardenville Md

Accident or Suicide?

LIBRARY BUREAU A6551G

Sacred Heart Cemetery

June 24th 1904

Germanus France

Undertaker

Name in Full: Helen J. Shinn

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Spring Point. — County: Baltimore.

Date of death: Month: June — Day: 25 — Years: — — Months: 6 — Days: —

Sex: Female — Color or Race: White — Birthplace: Spring Point

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Ernest Shinn — Father's Birthplace: Pa

Mother's Maiden Name: Susan Spangler — Mother's Birthplace: Pa

Name of person giving Information: Ernest Shinn — How related to deceased: Father

1065

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 10 days.

Immediate: Exhaustion. — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. le Fleming M. D.

Address: Spring Point.

Accident or Suicide? No

LIBRARY BUREAU A88616

Name in Full: Edward Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Back River; County: Balto

Date of death: 1904 Month: 6. Day: 6.

Age: Years: 7. Months: — Days: —

Sex: Male

Color or Race: Black

Birthplace: Md

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Smith

Father's Birthplace: Md

Mother's Maiden Name: Ella Johnson

Mother's Birthplace: Md

Name of person giving information: William Smith

How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enlargement of brain

How long: 2 years.

Immediate: Exhaustion

How long: 3 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. C. Schofield

Address: Highland Grove

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Howard E. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Lawrence Eastern Ave Rd. (County) Balto.

Date of death	Month	Day	Years	Months	Days
1904	June	28?	Age 11		

Sex: Male

Color or Race: White

Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Accident falling from car

How long:

Immediate: of United E. R. Co. Car

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Fred. L. Pfeffer

Address:

Coroner

Accident or Suicide?

PHYSICIAN OR CORONER

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LIBRARY BUREAU A88516

Name in Full: James R. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poplar Heights; County: Baltimore

Date of death 190 4 Month: 6 Day: 17

Age: Years: 79 Months: Days: 24

Sex: Male Color or Race: White Birthplace: Baltimore

Married, Single or Widowed: Widowed Occupation: Retired

Name of Wife or Husband:

Father's Name: John Smith Father's Birthplace: Baltimore

Mother's Maiden Name: Don't Know Mother's Birthplace: Don't Know

Name of person giving information: William L. Smith How related to deceased: Son in law

1057

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Colitis & Senility How long: 5 days

Immediate: Exhaustion How long: 7 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. Woodward, M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A8818

Jd Sanders Sons
Baltimore Cemetery

Name in Full: Katharine Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Monkton. County: Balto.

Date of death: Month: June. Day: 3. Year: 1904. Age: Years: 82. Months: Days:

Sex: Female. Color or Race: White. Birthplace: Germany

Occupation: Housewife. Where Residing if not at place of death: Balto.

Married, Single or Widowed. Name of Wife or Husband: Jacob Smith

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Henry Smith. How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy. How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: T. Ross Payne

Address: Corbett Md

Accident or Suicide?

8

LIBRARY BUREAU

Name in Full: Infant Child of Emma & George S Spates

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County:

Date of death 1904: Month: June; Day: 18; Age: Years: —; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Baltimore

Married, Single or Widowed:

Occupation:

Name of Wife or Husband: —

Father's Name: George S Spates; Father's Birthplace: Md

Mother's Maiden Name: Emma S Spates; Mother's Birthplace: Md

Name of person giving Imformation: George S Spates; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature birth; How long:

Immediate: 5th Month; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas L Marsh

Address: Catonsville Balt Co Md

Accident or Suicide:

LIBRARY BUREAU ABS516

Name in Full: Margaret Slapp

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat — County: Balto Co

Date of death: Month: June — Day: 2nd — Year: 1904 — Age: 74 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace:

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Rieds Mt Hope — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sen-Dementia-Post Paralytic — How long: —

Immediate: Ex. Sen- Gangrene — How long: 5 or 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Mt Hope Md

Accident or Suicide?

LIBRARY BUREAU A8R81S

Name in Full: Henrietta M Stewart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hillsville — County: Balto

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: 6	Day: 28	Years: Age	Months: 4	Days: 25

Sex: Female — Color or Race: White — Birthplace: Hillsville

Occupation — Where Residing if not at place of death: Hillsville

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Ralph Stewart — Father's Birthplace: Va.

Mother's Maiden Name: Mary A M Wright — Mother's Birthplace: Germany

Name of person giving Information: Mother — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: 4 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. D. Hall

Address: Towson

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Martha V. Stratemeyer

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) 204 S. Clinton st (County) Baltimore

Date of death 1904 Month June Day 26th

Age — Years — Months 8 Days 7

Sex Female Color or Race White Birthplace Baltimore Co. Md

Occupation —

Where Residing if not at place of death 204 S. Clinton st Balto Md

Married, Single or Widowed —

Name of Wife or Husband Mr George M. Stratemeyer Martha V. Stratemeyer

Father's Name as above stated Father's Birthplace Baltimore

Mother's Maiden Name — Mother's Birthplace "

Name of person giving information Mrs A. Stratemeyer How related to deceased Parents

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Gastro Enteritis How long 10 days

Immediate Convulsions How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician C. V. Bliss

Address 2 West Lanvale

Accident or Suicide? No

LIBRARY BUREAU A66816

J C Schuh to
Mt Carmel Cadiz

Name in Full: Shadrach Luker Streett

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Parkville — County: Baltimore

Date of death 1904 — Month: June — Day: 29

Age — Years: 53 — Months: 5 — Days: 29

Sex: Male

Color or Race: White.

Birthplace: Harford Co.

Married, Single or Widowed: Single

Occupation: Stock Dealer.

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Shadrach Streett

Father's Birthplace: Harford Co.

Mother's Maiden Name: Rachel J. Egnor.

Mother's Birthplace: Baltimore Co.

Name of person giving information: Mrs Lamb.

How related to deceased: Sister.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility.

How long: One month

Immediate: Enteritis.

How long: 7 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter H. Venable.

Address: Hamilton, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A68516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Towson — County: Baltimore

Date of death 1904 — Month: June — Day: 8th

Age — Years: Forty — ~~Months~~ — ~~Days~~

Sex: Male — Color or Race: White — Birthplace: Baltimore

~~Married~~, Single or ~~Widowed~~ — Occupation: Clerk

~~Name of Wife or Husband~~

Father's Name: Do Not Know — Father's Birthplace: Do

Mother's Maiden Name: Do — Mother's Birthplace: Do

Name of person giving information: C. W. Taylor — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 7 months

Immediate: Phthisis — How long: 7 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. J. E. Daniels

Address: Towson, Md

~~Accident or Suicide~~?

LIBRARY BUREAU A88516

J. Shaw Brewis Sons

Annapolis

Name in Full: Taylor. Franklin R.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville. County: Balto.

Date of death: 1904 Month: June Day: 25 Age: Years: 64 Months: Days:

Sex: Male Color or Race: white Birthplace: New York.

Occupation: Farmer Where Residing if not at place of death: X

Married, Single or Widowed: Married Name of Wife or Husband: X

Father's Name: X Father's Birthplace: X

Mother's Maiden Name: X Mother's Birthplace: X

Name of person giving Information: X How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Recurrent Mania How long: 15 yrs.

Immediate: Cerebral Hemorrhage. How long: 24 hours.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. Gray Wade

Address: Catonsville, Md

Accident or Suicide? No.

LIBRARY BUREAU A88816

Name in Full: Maynard D Thomson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sudbrook — County: Baltimore

Date of death 1904 — Month: June — Day: 2 — Years: 35 — Months: — Days: 11 days

Sex: male — Color or Race: white — Birthplace: Baltimore

Occupation: Clerk — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: J Davis Thomson — Father's Birthplace: Baltimore Md

Mother's Maiden Name: Julia D Maynard — Mother's Birthplace: Illinois

Name of person giving Information: Wm H Howard Jr — How related to deceased: Brother-in-law

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long:

Immediate: Hypostatic Congestion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H L Mencken

Address:

Accident or Suicide?

LIBRARY BUREAU A88816

St Thomas Church

Garrison Forrest -

Name in Full: Wm H. Turner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fredericktown; County: Carroll

Date of death: Month: June; Day: 10; Years: 42; Months; Days

Sex: Male; Color or Race: colored; Birthplace: Maryland

Occupation: Laborer; Where Residing if not at place of death: Fredericktown

Married, Single or Widowed: Married; Name of Wife or Husband:

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Imformation; How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Expansion; How long

Immediate: Hemorrhage of brain; How long: for Short

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm D Cone MD

Address: Fredericktown Md

Accident or Suicide?

LIBRARY BUREAU A8851G

Name in Full: Elizabeth Warfel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Long Green — County: Baltimore

Date of death 1904: Month: June — Day: 7 — Years: Age 60 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Pa.

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Widow — Name of ~~Wife or~~ Husband: David Warfel, deceased

Father's Name: Moses Miller — Father's Birthplace: Germany

Mother's Maiden Name: Annie Johnson — Mother's Birthplace: Pa.

Name of person giving Imformation: Joseph Miller — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Softening — How long: 3 years

Immediate: Exhaustion — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. A. Green.

Address: Sittings. Md

Accident ~~or Suicide?~~

LIBRARY BUREAU A89516

Name in Full: Elizabeth Warren

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Reisterstown; County: Balto

Date of death: Month: June; Day: 29; 1904

Age: Years: 58; Months: ; Days:

Sex: Female

Color or Race: Colored

Birthplace: Carroll Co

Occupation: House wife

Where Residing if not at place of death: Reisterstown Md

Married, Single or Widowed: widow

Name of Wife or Husband: Joseph Warren

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Polly Hardy

Mother's Birthplace: Carroll Co

Name of person giving Information: Nicholas Madden

How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 6 weeks

Immediate: Cerebral hemorrhage — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James Gore M.D.

Address: Reisterstown Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full

Certificate of Death

John. S. Weaver

Died at 3302 Cedar ave Town Baltimore County MARYLAND

Date 189 1904 Month Jan Day 11 | Age Y. 27 M. 11 D. 15 | Native of Maryland | Occupation Fireman

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Daniel Weaver | Mother's Name Sarah. E. Weaver

Cause of Death — Primary: Typhoid fever | How long sick 6 Weeks

Immediate: General failure of vital Dr Powers | Accident, Suicide, Homicide

Reported by Dr F E Benson

Address Rockyonlly Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Mary A. Weber

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Baltimore

Date of death 1904: Month: June; Day: 7

Age: Years: 44; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Pa.

Married, Single or Widowed: Married

Occupation: None

Name of ~~Wife or~~ Husband: William C. Weber

Father's Name: John B. Schreiber

Father's Birthplace: Holland

Mother's Maiden Name: dont know

Mother's Birthplace: Germany

Name of person giving information: William C. Weber

How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Parenchymatous Nephritis

How long: several yrs.

Immediate: Exhaustion

How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Truax M.D.

Address: 3 Ry Lough Highland town Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Sacred Heart Cemetery

June 10th 1904

Germanus Blanc

Undertaker

Name in Full: William Weber

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catonsville; County: Balto

Date of death 1904: Month: 6; Day: 13

Age: Years: 33; Months; Days

Sex: Male

Color or Race: white

Birthplace: Md.

Married, Single or Widowed: Married

Occupation: Shoefitter

Name of Wife or Husband: —

Father's Name: Louis Weber

Father's Birthplace: Germany

Mother's Maiden Name: not known

Mother's Birthplace: "

Name of person giving information: J Herwig

How related to deceased: uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Parenchymatous Nephritis

How long: Four months

Immediate: Uraemia

How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above?: Yes

Signature of Physician: Chas L Macgill

Address: Catonsville Balto Co Md

Accident or Suicide?: No

LIBRARY BUREAU A68516

John Herwig & Son
2008 Orleans St.
Balto
City

Name in Full: Norman Miller Haley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Baltimore

Date of death 1904: Month: June; Day: 25

Age: Years: 2; Months: 6; Days: 11

Sex: Male; Color or Race: White; Birthplace: Baltimore Co

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband:

Father's Name: James Edward Haley; Father's Birthplace: Baltimore City

Mother's Maiden Name: Ida A Miller; Mother's Birthplace: Allentown Pa

Name of person giving information: James Edward Haley; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Infantile Spinal Paralysis; How long: 15 days

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N. L. Reckard M.D.

Address: 910 S. Canton St. Baltimore Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU BAB816

Cedar Hill Cemetery

Wm Penn

Name in Full: Mary White

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ruggsville; County: Balto

Date of death: Month: 6; Day: 26; 1904

Age: Years: 4 8; Months: ✓; Days: ✓

Sex: Female; Color or Race: White; Birthplace: Ireland

Occupation: housewife; Where Residing if not at place of death: ✓

Married, Single or Widowed: widow; Name of Wife or Husband: Patrick White

Father's Name: ✓; Father's Birthplace: ✓

Mother's Maiden Name: ✓; Mother's Birthplace: ✓

Name of person giving Imformation: Ora Massey; How related to deceased: niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fibroid tumor; How long: 6 Yrs

Immediate: Dropsy -; How long: 3 mons

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: I. F. H. Gorsuch

Address: Ft Md.

Accident or Suicide?

LIBRARY BUREAU A8S016

Name in Full: Unnamed Dufour

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Wallis County: Balt.

Date of death: Month: June Day: 11 Year: 1904 Age: Years — Months — Days —

Sex: Male Color or Race: Colored Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Julius Wilkins Father's Birthplace: Md

Mother's Maiden Name: Emma J. Brown Mother's Birthplace: Md

Name of person giving Information: Julius Wilkins How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature child born How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: John W. Hamin M D

Accident or Suicide?

Sam'l W. Disk

LIBRARY BUREAU A5J016

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Spanows Point (County) Baltimore

Date of death 1904 (Month) June (Day) 26 Age (Years) — (Months) — (Days) —

Sex Male Color or Race Colored Birthplace Maryland

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Phillip William S. Father's Birthplace Va.

Mother's Maiden Name Flouna Reid Mother's Birthplace Va.

Name of person giving Information Phillip Williams How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Syphilis How long Entire period of Gestation.

Immediate Still born How long Unknown

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. R. Hodges M.D.

Address Spanows Point Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Butler (Town) Balto (County)

Date of death 1904 June (Month) 18 (Day)

Age — Years — Months 3 Days

Sex Male

Color or Race White

Birthplace Davisville

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name George H. Willis

Father's Birthplace West Virginia

Mother's Maiden Name Emma Lochslampflor

Mother's Birthplace Davisville

Name of person giving Information Augustus Brickle

How related to deceased Brother-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary General Weakness

How long at Birth

Immediate Heart failure

How long minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. L. Deaton

Address Butler Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Laura Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Balto Co

Date of death 1904: Month: January; Day: 29

Age: Years: 45; Months: —; Days: —

Sex: Female

Color or Race: (Col)

Birthplace: Md.

Married, Single or Widowed: Married

Occupation: Cook

~~Name~~ of ~~Wife~~ or Husband: Samuel Wilson

Father's Name: John Wilson

Father's Birthplace: Md

Mother's Maiden Name: Lillie Wilson

Mother's Birthplace: Md

Name of person giving information: Bertha Myers

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 6 or 8 yrs

Immediate: Hemorrhage — How long: 30 min

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Raymond Brem

Address: Towson Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A82518

R. A Elliott

508 Rogers avenue

Name in Full: John L. Winkler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chase; County: Balto

Date of death: Month: June; Day: 5 —; Year: 1904; Age: Years: 17; Months: 4; Days: 18 —

Sex: male; Color or Race: White; Birthplace: Md

Occupation: Farmer; Where Residing if not at place of death: —

Married, Single or Widowed: single; Name of Wife or Husband: —

Father's Name: John J. Winkler; Father's Birthplace: Md

Mother's Maiden Name: Harriet Shirley; Mother's Birthplace: Va.

Name of person giving information: Mrs John Winkler; How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Struck by lightning; How long

Immediate: How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John W. Hannon Md

Address: Md Richland Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Andrew Wittstadt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtowne — County: Balto

Date of death 1904: Month: June — Day: 2

Age: Years: 59 — Months: 8 — Days:

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Saloon Keeper — Where Residing if not at place of death: 229 Mt Pleasant Av

Married, Single or Widowed: Married — Name of Wife or Husband: Louisa Wittstadt

Father's Name: unknown — Father's Birthplace: Germany

Mother's Maiden Name: Louisa Meries — Mother's Birthplace: Germany

Name of person giving Information: Louisa Wittstadt — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: 2 Years

Immediate: Dropsy and Heart — How long: 3 months

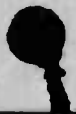
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E W Janney MD

Address: 304 Bank st Edw

Accident or Suicide? No

LIBRARY BUREAU A88616



Name in Full: William C. Wallenberg

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Govanstown — County: Baltimore

Date of death 1904 — Month: June — Day: 10th — Years: Age 27 — Months: 4 — Days: 6

Sex: Male — Color or Race: White — Birthplace: Baltimore city

Married, Single or Widowed: Married — Occupation: Salesman

Name of Wife or Husband: Mary B. Wallenberg

Father's Name: Herman Wallenberg — Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Gorbrecht — Mother's Birthplace: Maryland

Name of person giving Information: Mary B. Wallenberg — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: about four months

Immediate: " " — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: R. R. Elewell, M. D.

Address: 1741 Harford ave, Baltimore, Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Henry A Hoeck & Sons

1301 E. Eager St

Name in Full Jennie Young

Certificate of Death

Died at Town Canton County Balto MARYLAND

Date 1904 Month 6 Day 30 | Age Y. 31 M. — D. — | Native of md | Occupation Housewife

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary Phthisis Pulmonalis

Immediate Exhaustion

How long sick 3 mos.

Accident, Suicide, Homicide

Reported by H. O. Warner

Address 1120 Highland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Thomas Whitt

Green Hill Cemetery

Name in Full: John T. Ziegler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Orchard Grove Beaverdale — County: Balto.

Date of death	Month	Day	Years	Months	Days
1904	June	26th	Age 26		

Sex: Male — Color or Race: White — Birthplace:

Occupation: Saloon keeper — Where Residing if not at place of death: Harford Ave Balt. City

Married, ~~Single or Widowed~~ — Name of Wife or Husband:

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Drowning Accidental — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

~~Signature of~~ Physician: Fred L Pfeffer Coroner

Address

Accident or ~~Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Frank Zimmo

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Violetville — County: Balto

Date of death 1904 — Month: 6 — Day: 24 — Years: Age 16 — Months: 2 — Days: 7

Sex: Male — Color or Race: white — Birthplace: Italy

Married, Single or Widowed: Single — Occupation: Vender of

Name of Wife or Husband: —

Father's Name: Frank Zimmo — Father's Birthplace: Italy

Mother's Maiden Name: — Mother's Birthplace: " "

Name of person giving In formation: Thomas. Zimmo — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Drowning — How long

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Dr. W. Miller, Coroner — Address: Mt. Winans Balto Co. Md.

Accident or Suicide? Accident

PHYSICIAN OR CORONER

LIBRARY BUREAU A83616

Name in Full: John Christian Zucker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Baltimore

Date of death 190 4 — Month: 6 — Day: 18 — Age — Years: 76 — Months: 5 — Days: 29

Sex: Male — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Widowed — Occupation: Shoemaker

Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: William F. Zucker — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hemiplegia — How long: 6 mos -

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. K. Athey

Address: 2 Bedford

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

H. Sander & Sons
Baltimore Cemetery

Name in Full: Unknown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: West Balto — County: Balto

Date of death 1904 — Month: 6 — Day: 30 — Age — Years: 20 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace:

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: — How related to deceased: None.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Struck by train — How long: Immediate

Immediate: Skull crushed. — How long: — —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: August W. Miller

Address: M. Wimans (Coroner

Accident or Suicide? Accident

Md.

LIBRARY BUREAU A88816